



# San Gabriel Valley Humane Society

## Volunteer Application

Date Submitted \_\_\_\_\_

Thank you for your interest in volunteering with the San Gabriel Valley Humane Society. The SGVHS encourages the participation of volunteers who support the following mission: *"to provide a compassionate environment for the well-being of the animals in our care and with the dedication of our staff and volunteers, strive to find permanent, loving homes for all of our creatures."*

The volunteer program is for people who:

- wish to volunteer for four SGVHS activities every six months.
- love animals and wish to improve their quality of life
- are looking to make a difference in their community. Volunteer opportunities include but are not limited to dog walking, dog grooming, cat socializing, facility maintenance, fundraising, community outreach, and general office work

If this describes you, please fill out this application and provide the information below. You must be 18 years of age or older to fill out this application. You will be contacted to schedule a general orientation.

Please **PRINT CLEARLY**. **We can't contact you if we can't read your email.**

Last Name _____		First Name _____	
Nickname _____			
Address _____		City _____	St _____
Zip _____			
Phone _____		<b>Must have</b> E-mail Address _____	
Gender Male _____ Female _____		Are you 18 yrs. old or older? Yes _____ No _____	

Do you have any physical limitations that might affect or be affected by this volunteer position?

\_\_\_\_\_

Date Acknowledged:

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Please indicate the day(s) and time(s) you are available to volunteer:

Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_

Friday \_\_\_\_\_ Saturday \_\_\_\_\_ Sunday \_\_\_\_\_ Anytime \_\_\_\_\_

Please provide the name of two (must have two) people we may contact in case of emergency:

Contact Person \_\_\_\_\_ Relationship \_\_\_\_\_

Home phone \_\_\_\_\_ Alternate phone \_\_\_\_\_

Contact Person \_\_\_\_\_ Relationship \_\_\_\_\_

Home phone \_\_\_\_\_ Alternate phone \_\_\_\_\_

**I understand that if I am accepted into the San Gabriel Valley Humane Society Volunteer Program, I will be expected to volunteer at four SGVHS activities every six months.**

Volunteer Signature Date: \_\_\_\_\_

\_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

Remarks \_\_\_\_\_

\_\_\_\_\_

Waiver received Date \_\_\_\_\_

General Orientation Date \_\_\_\_\_ Sign-off \_\_\_\_\_

Dog Orientation Date \_\_\_\_\_ Sign-off \_\_\_\_\_

Cat Orientation Date \_\_\_\_\_ Sign-off \_\_\_\_\_

(Other) \_\_\_\_\_ Date \_\_\_\_\_

Date \_\_\_\_\_ Referred to \_\_\_\_\_